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Form No: GID-53

## OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

### AUTHORITY FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, presently reside at \_\_\_\_\_

And am affiliated with, or proposed to be affiliated with, \_\_\_\_\_  
Which as applies for licensure or a permit to organize by the Office of Commissioner of Insurance.

I understand that the Office of Insurance will conduct an investigation of my background. In that regard, I hereby waive any right of confidentiality as it reasonably relates to this inquiry.

I hereby give my permission and waive any provisions of law that forbids any court, policy agency, employer, firm, or person, disclosing any knowledge or information they have concerning me which is requested by the Office of Commissioner of Insurance. I further consent and request that the director of the Regulatory Services Section, or his representative, be provided with the performance of their investigation.

I recognize the right of the Office of Commissioner of Insurance to treat, at its discretion, certain sources as confidential, and right to withhold from my agent or me the names of such confidential sources, and information obtained therefrom.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

This document was executed and signed in the presence of the following witnesses:

1. \_\_\_\_\_ 2. \_\_\_\_\_

State of \_\_\_\_\_  
County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(NOTARY SEAL)

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_

If you are an individual with a disability and wish to acquire this document in an alternative format, please contact the ADA Coordinator at the Office of Commissioner of Insurance, 2 Martin Luther King, Jr. Drive, Atlanta, Georgia 30334 (404) 656-2056 / (404) 656-4031